Paper 6

NHS Ayrshire & Arran

Meeting: **Ayrshire and Arran NHS Board**

Meeting date: **Monday 1 February 2021**

Title: **Scottish Patient Safety Programme (SPSP) – Maternity & Children Quality Improvement Collaborative (MCQIC): Maternity Workstream**

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1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Annual Operational Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective

2. Report summary

2.1 Situation

This paper provides an overview of progress in relation to core Scottish Patient Safety Programme (SPSP) measures within the Maternity programme.

Board members are asked to note and discuss the quality improvement and safety activity in Maternity Services underway as part of the Maternity and Children Quality Improvement Collaborative (MCQIC) programme

2.2 Background

NHS Boards report regularly on SPSP performance measures to Healthcare Improvement Scotland (HIS) in order to enable Boards and the national programme team to understand overall progress in relation to the aims of SPSP.

MCQIC was launched in March 2013 and is a programme of quality improvement (QI). The MCQIC collaborative covers three workstreams of Maternity, Neonatal and Paediatrics. This paper presents the Maternity improvement work.

The Maternity Work stream continues to report nationally on agreed measures within the Maternity Care Measurement matrix. Under the terms of the joint Partnership Agreement with the MCQIC Team, NHS Ayrshire and Arran have agreed to measure the following within maternity services:

Core: Reduce stillbirth rates and to reduce the rate of severe PPH

Our priorities are to:

- Achieve a reduction in rates of perinatal morbidity and mortality.
- Collaborate with Neonatal colleagues in relation to the Management of Preterm Babies

The overall aims of the Maternity Care strand remain to increase the percentage of women satisfied with their experience of maternity care to >95%

Due to Covid19, the MCQIC Programme was suspended nationally during 2020 to allow staff to be deployed where necessary. This has also had an impact on the improvement work and data collection within Women and Children's Services. The local improvement meetings (MQIG) were also suspended at this time.

The MCQIC Team held a joint Maternity and Neonatal Webinar on 30 September 2020 with a view to re-mobilising the national programme. The MCQIC Champion is currently working with the Clinical Lead and the Improvement Advisor to populate the Toolkit where possible and re-focus on prioritising measures within the Unit. Due to the increase in numbers observed with Covid (locally and nationally) improvement activity is monitored on a weekly basis, and further suspensions may be inevitable. Current activity and performance is included in the assessment section below.

2.3 Assessment

Rate of Stillbirths

NHS Ayrshire and Arran continue to demonstrate sustained improvement in relation to the reduction of stillbirth rates. To date, in 2020 we recorded seven stillbirths within our Unit. Each case has been reviewed utilising the Perinatal Mortality Review Tool (PMRT) and subject to the Being Open process.

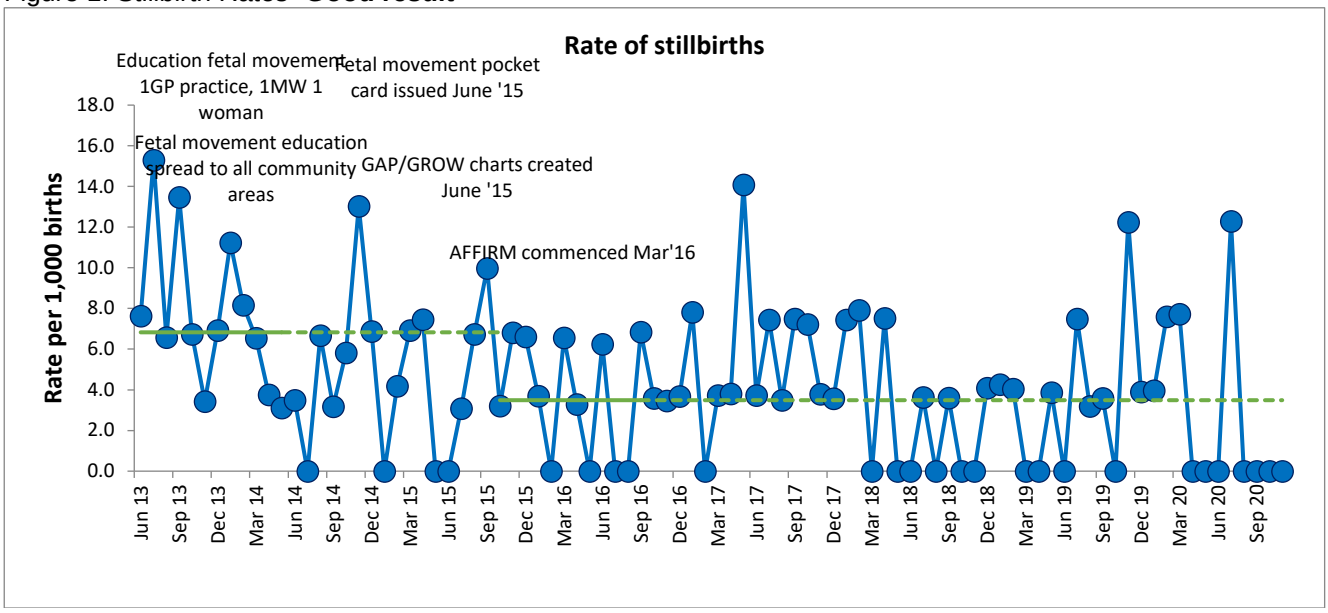
The MCQIC workstream includes measures to identify the small for gestational age foetus and recommends the use of a customised chart being used to plot growth measurements.

In 2015, Ayrshire maternity services implemented the Growth Assessment Protocol (GAP) developed by the Perinatal Institute in Birmingham. This is a more objective technique of monitoring foetal growth through clinical palpation and ultrasound.

Use of customised growth charts has been shown to better identify stillborn babies as small for gestational age (SGA), reducing the number of losses with no explainable cause.

Please see figure 1 below which demonstrates the rate of still births per 1,000 births per quarter from June 2013 through to November 2020. This shows that the median between the 2 time periods (June 2013 – October 2015 and October 2015 – November 2020) has dropped from 6.8 to 3.5 per 1000 births which is a significant positive shift.

Figure 1. Stillbirth Rates- **Good result**

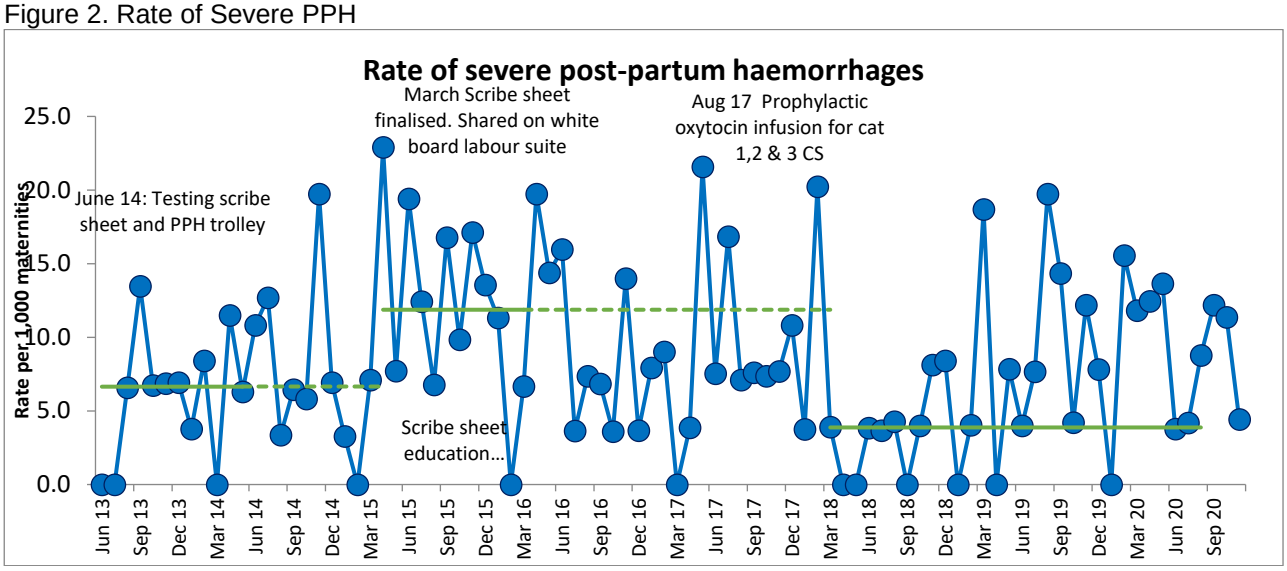


Rate of Severe Post-Partum Haemorrhage (PPH)

Although still statistically demonstrating sustained improvement, the data has been variable since May 2019 with the data points being above or just on the median line (bar one month), as demonstrated in Figure 2 below. The median has gone from 7 per 1000 pregnancies, to a rate of 12 and back down to a rate of 4.

This would indicate no sustainable improvement. Work had begun to investigate possible causes for deterioration before being suspended due to COVID and this has now been resumed.

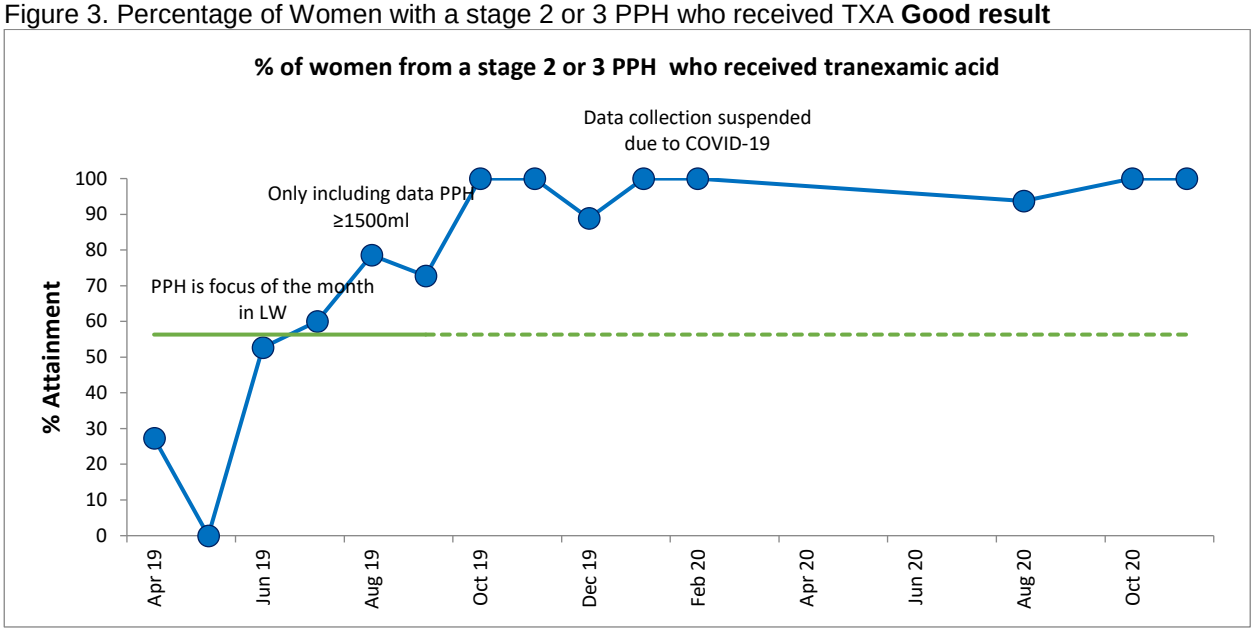
Figure 2. Rate of Severe PPH



Stage 2 PPH is clinically defined as ≥1000–1499ml blood loss. Tranexamic Acid (TXA), a medicine that controls blood loss is therefore recommended. The administration of TXA was tested and implemented in Apr 2019. Agreement was made nationally with MCQIC to adapt data collection to PPH ≥1500ml. Prior to COVID, NHS Ayrshire and Arran were on target with 100% compliance. No data was collected from March to July 2020; however, data collection re-commenced in August and again we have a compliance rate of 100% for women who receive TXA.

Figure 3 below shows the percentage of women per month with a stage 2 or stage 3 PPH who received TXA per month since April 2019.

Figure 3. Percentage of Women with a stage 2 or 3 PPH who received TXA **Good result**



Future improvement activity

Scottish Improvement Leader Programme (ScIL)
Two midwives are now participating in the ScIL programme, which commenced in September 2020. The projects currently being undertaken are:

- Reduction in avoidable Term Admissions to the NNU. Allowing mothers and babies to stay together right from the start. The aim of this project would achieve one of the 'Best Start' recommendations as well as a SPSP measure for Quality Improvement.

- Improvement of women's perception of lower back pain while undergoing Induction of Labour (IOL) with prostaglandin by offering sterile water injections (SWI) as an alternate therapy.

Caesarean Sections (CS)
At the MCQIC Webinar held in September 2020 it was noted that CS rates were high and Scotland was an outlier in comparison to the rest of the UK. This topic will be a future focus for MCQIC. We are currently looking at the data for CS in NHS Ayrshire and Arran with a view to looking toward improvement in this area.

2.3.1 Quality/patient care

The overall aim of the programme is to improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all women, babies, children and families across all care settings in Scotland.

- NHS Ayrshire and Arran continue to demonstrate sustained improvement with stillbirth rates
- Although still statistically demonstrating sustained improvement with PPH data is variable. This work has been resumed
- There is a high compliance rate (currently 100%) with the administration of Tranexamic Acid (TXA) for post-partum haemorrhages.

2.3.2 Workforce

There are no issues at this time, however, due to Covid19, staff (including the MCQIC Champion), may be requested to support other clinical duties, which could have an impact on ongoing improvement work/data submission.

2.3.3 Financial

There may be financial implications identified as new National Standards of care are identified. This will be discussed as the programme progresses.

2.3.4 Risk assessment/management

Delivery of the programme is aimed at reducing harm within Women & Children's services. Non delivery of the programme could impact on the provision of a safe service and reputation of the organisation if timely effective implementation does not happen.

2.3.5 Equality and diversity, including health inequalities

By working toward compliance with each of the measures as agreed with the MCQIC Partnership we aim to protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care.

No impact assessment has been completed as the operational definitions as outlined by the MCQIC programme set out the inclusion of the population to be included in any measurement and this is a national programme of work.

2.3.6 Other impacts

The delivery of the elements contained within the MCQIC programme and the SPSP programme will support the Boards commitment to safe, effective and person centred care.

We aim to provide compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

We will protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- A partnership agreement between MCQIC and NHS Ayrshire and Arran in relation to the way forward with new measurements was signed off and sent to all relevant parties on 21 December 2018.
- The work contained within this measure plan are discussed at the 6 weekly meetings held by the Maternity Quality Improvement Group (MQIG). These meetings were suspended die to Covid, however a programme of meetings is being set up to remobilise the Group from January 2021.
- Any issues arising are taken forward at the Maternity Clinical Governance Group (last meeting held on 6th November 20).
- Paper tabled for discussion at the Healthcare Governance Committee on 11th January 2021.

2.3.8 Route to the meeting

As above the work detailed in this paper is discussed at the MCQIC, Maternity CG meeting and the Healthcare Governance Committee meeting.

A version of this paper was previously submitted to Healthcare Governance Committee on 11 January 2020.

2.4 Recommendation

Board members are asked to note and discuss the quality improvement and safety activity in Maternity Services underway as part of the Maternity and Children Quality Improvement Collaborative (MCQIC) programme

3. List of appendices (where required)

Nil